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ABSTRACT

An intensive, one-semester introductory Spanish course developed for nursing and other health-care professionals is intended to make possible spoken communication in Spanish, at least on a rudimentary level. The course encountered initial problems of rapidly growing enrollment, lack of appropriate text, and limited scheduling. However, student enthusiasm, publication of new materials, and frequent course revision and refinement have made the course viable and successful. Oral and listening skills are heavily emphasized, using a method developed specifically for medical personnel in conjunction with work sheets and supplementary reading provided by the teacher. Rapid student mastery of basic skills has allowed for the addition of more advanced material and a followup intermediate section for a small group of interested students. Based on this experience, an approach emphasizing communicative skills but balancing essential vocabulary and grammatical structures for satisfying and accurate communication is recommended. Cultural materials used in the course have been varied each year with the introduction of new health care-related texts and Latino poetry and fiction, which are well received by the students and provide the basis for discussion and understanding of the Latino experience. A four-page list of works cited is appended. (MSE)

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FITTING IT ALL IN ONE SEMESTER: AN INTENSIVE INTRODUCTORY COURSE IN SPANISH FOR HEALTH-CARE PERSONNEL

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Fitting It All in One Semester: an Intensive Introductory Course in Spanish for Health-Care Personnel

Carol Maier

Would it be possible to design a one-semester introductory Spanish course for health-care personnel? Could students learn, in such a short time, to communicate professionally, "in a simple but effective way," with their Spanish-speaking patients? Could they also learn about the Latino population of the United States and, more specifically, about the attitudes toward health and health care that play such an important role in communication between Latino patients and health-care professionals?[1]

These are some of the questions I was asked by our School of Nursing when several years ago they approached me about the creation of a course for nursing students and local health-care professionals. My initial response was both enthusiastic and guarded. I was well aware of the need for Anglo health-care professionals who had even a rudimentary knowledge of Spanish, but I had misgivings about an elementary language course that would be so short and so specialized. I worried that such a "crash course" might foster more confusion than communication by providing students with what could seem like a barrage of unrelated words and phrases. I also wondered if a brief introduction to only one aspect of Latino culture might not reinforce stereotypes rather than challenge them. I agreed to prepare a pilot course, but stressed its tentative, experimental nature.

The first few semesters that I taught the course were indeed tentative and my reactions to it were mixed. The class was allowed to grow too large; there was not a truly adequate text available; I saw the students only once a week for three hours because the nursing faculty felt that their majors could not schedule more frequent meetings. On the other hand, student response was overwhelmingly positive. Not only did my students enjoy the course itself, they were also excited by the results since there were always a few members of the class who were able to use the language skills immediately in their clinical experience. Language learning was obviously taking place, and I began to receive letters from former students who had been able to use that language with their patients. My reservations continued, but I was encouraged by the students' achievement and by changes I was able to effect in the course structure: the class began to meet twice a week and enrollment was limited to twenty students. Enrollment was also limited to juniors and seniors, who would have the necessary medical background to benefit from a professional course and would be most likely to use the language immediately in the near future. I was also encouraged by the publication of new texts and by some of the contacts I established with local health-care and social work professionals who were willing to visit my class and discuss their work with the Latino population. Although I revised the course continually, it began to seem far more "substantial" to me and I felt confident about offering it on a regular basis. It is still one of my most demanding teaching assignments, but it is also one of the most rewarding; I enjoy the ongoing development of a course that is so closely related to various aspects of the students' professional work.

Because the central purpose of the course is to make possible spoken communication in Spanish, much of our class time is spent on oral exercises. In

the first meetings pronunciation is presented and drilled thoroughly; simple phrases of greeting are taught in order to make conversation possible immediately, and frequent dictations train students to listen carefully to unfamiliar sounds. Since vocabulary and dialogues are based almost exclusively on situations encountered in health-care settings, simple role playing exercises are possible after only a few meetings. Written assignments to be completed outside of class reinforce these oral exercises; work sheets provide practice in asking questions while giving instructions and student-prepared dialogues can be used orally in class. Short weekly quizzes underline the importance of studying Spanish every day, and this teaching of study skills is important because many of the students have not studied a foreign language before.

Although a successful class plan has developed slowly through a process of trial and error, the elements of the course that have proved to be most challenging are undoubtedly the formation of appropriate language goals and the discussion of Latino attitudes toward health care. When I first taught the course in 1977, few courses of its kind had been reported and few textbooks had been published. Although I had read brief descriptions of similar courses by Julia Tabery and Marguerite D. Bomse and Julian H. Alfaro, those descriptions were quite cursory, and they emphasized the legitimacy of short-term, professionally-oriented courses rather than their structure.[2] Fortunately I did have access to the first edition of Communicating in Spanish for Medical Personnel, the text that Tabery had published recently with Marion R. Webb and Beatriz Vázquez Mueller. Their book provided me with an excellent point of departure; in addition to serving as a text it offered a list of "suggested readings for cultural understanding" and presented a very useful way of teaching the rudimentary grammar needed for basic conversation. Students did not learn all three "persons" and they learned very few

conjugations; they were taught instead a series of "essential communicating statements," many of which contained an infinitive. These statements could be modified for use in diverse situations, and they enabled students to speak in the present, future (using ir a and an infinitive) and the past (using the present perfect), and to use the imperative (by learning favor de, tener que and hay que).

I was pleased with the method developed by Tabery and her colleagues, but my students' ability to master the "essential communicating statements" soon had me wondering if they might not be capable of a more complete mastery of certain basic structures. Although we were not able to cover all of Communicating in Spanish for Medical Personnel in one semester, the chapters we omitted offered more vocabulary rather than further grammar. I found myself augmenting the text increasingly and preparing more and more worksheets. In particular I expanded the use of the present tense; I taught all three persons and I presented the three conjugations as well as quite a few of the irregular verbs. In 1981, when Maria Antonio DiLorenzo-Kearon and Thomas P. Kearon published Medical Spanish: A Conversational Approach, I decided to change texts and to combine the Kearon's more traditional approach to teaching grammar with the method developed by Tabery, Webb and Mueller.[3] This compromise has worked well for me and I have found that in one semester I can successfully teach about half of the Kearon's book, although I rearrange the material and although I still find myself preparing worksheets to provide adequate exercises. I have been pleased to find that this compromise method provided a solid basis for continued study in Spanish. A small group of nursing students who requested a second semester of instruction successfully completed the Kearon's book and one of those students is presently completing a third semester by using an intermediate (second year) text to fill in the gaps in her

background.

The work done by these advanced students seems especially important because recent research about oral proficiency has sensitized me to the dangers of overloading students with vocabulary and depriving them of a grammar background that is solid enough to permit future language learning. I realize that few if any of the students who take my course for health-care personnel will ever try to attain true fluency in Spanish, but I would like their introductory work to be supportive of that fluency should they decide to study further. Consequently, I was not distressed to realize that my gradual decision to teach the present tense more thoroughly meant that students would not be able to develop as large a vocabulary. I had slowly come to see that the first several chapters of Tabery, Webb and Mueller's book were distracting because they presented all of the body parts and organs immediately and thus overwhelmed the students with new words. Once it became clear to me that even a one-semester course had implications for long-term language goals, I began to work toward a more open-ended blend of grammar, vocabulary and conversation. I have tried to incorporate in my planning, for example, the caution expressed by Theodore V. Higgs and Ray Clifford about "unstructured communicative activities" that provide an "overdose" of vocabulary and enable a student to get across a message at the expense of a more complete future fluency (73). In particular, I have become quite careful about not asking beginning students to use language more creatively than they are able. As Higgs and Clifford explain:

> There appears to be a real danger of leading the students too rapidly into the "creative aspects of language use," in that the effect seems to be one of rewarding at the same time the <u>incorrect</u>

> communication strategies seized upon in attempting to deal with the communication situations presented. When these reinforced communication strategies fossilize prematurely, their subsequent modification or ultimate correction is rendered difficult to the point of impossibility, irrespective of the native talent or high motivation that the individual may have originally brought to the task (74).[4]

In short, then, although it is necessary that a one-semester professionally-oriented course place more emphasis on communication than grammatical accuracy, I am increasingly concerned with providing students with a balance of essential vocabulary and grammatical structures that permit limited but satisfying and accurate communication.

In an analogous way, the challenge of achieving a delicate oral balance is also present in the introduction of Latino culture and Latino attitudes toward health care. Although it is essential that my students, most of whom are middle and upper middle class Anglos and Blacks from the Midwest, learn about the Latino population, it is equally important that they are not encouraged to see Latinos as "the other" and that they learn about the differences as well as the similarities that characterize the Latino population in this country. Given the enormity of this task and the wealth of material available (material that will definitely not fit into one semester, especially when it must be presented as an integral yet nevertheless "extra" part of language study), I have been tempted many times to omit it from the course. Since many of my students, however, come to class with little or no accurate information about the people with whom they will be speaking Spanish, I continued to decide that the omission of cultural material would be far more

reprehensible than the cursory treatment I can grant to it in fourteen weeks. The students have agreed wholeheartedly and, although they complain vociferously about learning the countries and capitals of Central and South America, they are always unanimous in their enthusiasiam for the reading, lectures and discussions about Latino culture.

The materials I use to work with cultural attitudes have varied considerably from one year to the next. Although I begin each semester with the map and with a brief introductory lecture about the unity and diversity that characterize the Latino population, I have used a wide variety of readings to expand on my introduction throughout the semester. When I first taught the course, resources in this area were rather scarce, and it was difficult to find readings that would be of "practical" use to students but not overly specialized with respect to a particular discipline. There was some stimulating and informative material available, however, and we were able to have excellent discussions based, for example, on Margaret Clark's suggestions for "Changing Medical Ways" and on the series of one hospital's cultural gaffes detailed in Loy Wiley's "Brace Yourself: It's an Orthopedic Delivery." Articles like Ron Arias's "Sick to Death of the Health Mess" and Orlando Isaza's "A Need for Whole Healing" expressed an annoyance and anger with Anglo efficiency that students had not heard verbalized before. My file of possible articles grew steadily until the difficulty became one of limiting, and evaluating rather than unearthing appropriate readings.[5] For this new task of selection, publications like La Red/The Net proved to be an enormous help; their review articles and bibliographies led me to a wide range of sensitive publications that I might not have seen otherwise, such as Latino Families, a resource book published by Planned Parenthood of America, which I am using at present. I have also found it possible each semester to supplement the

readings and discussions with audio visual materials like National Public Radio's audiocassette "Sabor del Pueblo: Curanderismo" or the Wible Language Institute's filmstrip about "La Salud" in New York City,[6] and with guest lecturers from the community and occasional class trips such as a visit to the clinic run in conjunction with a migrant camp near Peoria.[7]

Curiously enough, however, the readings for some of my most successful semesters have not been from journals in the health or social sciences but from Latino poetry and fiction. In fact, many students have said that they far preferred the literary readings because the requirements in their major permitted them very few electives and they rarely had the opportunity to study literature. Although some instructors might cringe to think of literature being "used" in this way, I have seen a few lines of poetry make Latino culture and attitude accessible to students with an intensity unavailable to some of the most thorough scholarly articles. A poem like Alurista's "address" (25), for example, forces readers to recognize the painful misunderstandings that can occur when two cultures as well as two languages come into contact with each other. This is a poem that my classes read each semester when the students learn to take family histories and conduct admission procedures in Spanish. In the same way we read Myrtha Chábran's "Visit to the Dentist: Dialectics" and Miguel Piñero's "There is Nothing New in New York" (Algarín and Piñero 68) or Pedro Pietri's "Tata" (105) when we discuss the Puerto Rican response to New York City. Pietri's "intelligent" grandmother who . . . does not speak/ a word of english" after twenty-five years "in this dept store/ called america" invariably provokes mixed reactions and the class is plunged immediately into a discussion of some of the most essential conflicts faced by Latinos in this country. Pietri's mixture of English and Spanish also portrays vividly the bilingual "border" (<u>frontera</u>) or bilingual reality

experienced by many Latinos, a reality that is presented even more dramatically and poignantly by a poem like Lorna Dee Cervantes's "Refugee Ship" (41). Although students may not be led to actually "identify" with these poets--and in some instances their responses are quite negative--the poems make Latino experience immediate and they present that experience in terms of language in a way that is especially appropriate for a class in elementary Spanish. They also introduce students to the plural nature of Spanish as it is spoken in the United States and make them aware that the "standard Spanish" taught in class will vary from one area of the country (as well as from one Spanish-speaking country) to the next.[8]

Because much of the literature I read with my students expresses the frustration and discouragement felt by many Latinos in a predominantly Anglo society, I believe that it is particularly important to also read poems and fiction that explain or even celebrate Latino traditions and values. Poems like Rodolfo Gonzales's "Yo soy Joaquín" present Latino affirmation as well as Latino struggles, as do the poems in Gary Soto's The Elements of San Joaquín and some of the poems in Lorna Dee Cervantes's Emplumada and Miguel Algarín and Miguel Piñero's Nuyorican Poets. Prose, of course, requires longer reading time, but students might also respond well to Nicholasa Mohr's books or to Sandara Cisneros's The House on Mango Street or Oscar Hijuelos's Our House in the Last World. In fact, one of the most gratifying experiences I have had teaching literature occurred the semester that I read Rudolfo's Bless Me, Ultima with my class for health-care personnel. Although the novel takes place in New Mexico during the 1940's and is thus limited to only one segment of the Latino population and one time period, I found that in our conversations about Tony's family and his relationship with the curandera Ultima I was able to incorporate much of the general information and commentary that I

usually present through more diverse readings. We had excellent conversations about the links between superstition, faith and healing, about the blend or conflict of cultures that Tony learns to affirm, about the fact that the novel itself "takes place" in Spanish although it was written in English. Students learned a great deal about Latino attitudes and backgrounds. They saw how those attitudes could affect--if not determine--what we call health, and they were made acutely aware of the ways in which language permeates all aspects of life.

Finally, lest it seem that a discussion of Tony's family and his relationship with Ultima or his search for the golden carp is quite distant from a more immediate situation--such as explaining an unfamiliar procedure to a frightened patient in a large urban hospital--, it is the larger view of language made possible by the study of literature as well as grammar that I believe must be present if an Anglo health-care professional is to communicate even minimally in Spanish. Without some knowledge of where the language is spoken or of the people who speak it, the most correct words risk inappropriateness. Although no instructor can hope to present an entire culture or an entire grammar in one semester, with careful planning they can both be well introduced and students can learn to communicate in a rudimentary but correct and effective manner that is capable of supporting a more thorough study.

NOTES

[1]I have used the word "Latino" rather than Hispanic throughout this paper because it seems to reflect more faithfully the diverse nature of what is commonly called the Hispanic population of the United States. As Andrade explains, the term "Latino" is more likely to suggest "the heterogeneous group of Spanish-language-heritage/Indigenous-European-Black racial origen peoples in the United States. . . . It is more positive and more encompassing of the groups' commonalities" (6).

[2]Soon after, Palmer and Shawl reported briefly on a similar course they developed at Northern Illinois University; their text was also Communicating in Spanish for Medical Personnel.

[3]Several additional texts for teaching Spanish to health-care personnel are also available. For the most part, however, they are either intended for intermediate or advanced students or they would not be suitable for use in a one-semester course.

[4]I am grateful to my colleague Glen Dille for bringing this article to my attention. See also James 35 and Noble, who voices this concern in a less "technical" way.

[5]In addition to locating articles of general interest to health-care professionals, this evaluation involves the selection of articles that are not patronizing or demeaning to Latinos, articles that demonstrate sensitivity to the fine distinction between teaching about culture and encouraging stereotypes or presenting the Anglo health-care system as "gospel." (An article like Bronson's, for example, seems particularly offensive because an understanding of Puerto Rican spirituality is used to suggest to Puerto Ricans that the Anglo message is equivalent to a divine revelation: "Both she [the woman's

voice used to describe the clinic on the radio and in the press] should emphasize that it is God's will and fate that they [the Puerto Ricans] are either listening to the program or reading the article so that they will come in for a check-up, especially if they have any of the symptons mentioned. . .

The nurse can stress that it is the will of God that they know what to do when this happens . . . . fate has set up a special telephone number for them at the clinic" (271 and 274).

[6]Although their length makes scheduling difficult, films like Alambrista, El Norte, El Super and The Two Worlds of Angelita could certainly be used effectively to discuss cultural attitudes.

[7]These contacts with the Hispanic community always prove to be an invaluable part of the course. For semesters when such contacts are not possible, students can be made aware of the very immediate, political issues implicit in the area of health care for the Latino population by an article like Henry Weinstein's recent discussion of the "lack of amenities" (toilets, drinking water and washing water) suffered by farm laborers in many states.

[8]Because the course is so short and because I do not know where my students will work when they graduate, I use this "standard Spanish" in class. On the other hand, I do present some of the differences between the varieties of Spanish spoken in different parts of this country and I give the students multiple translations for many words and expressions. I also emphasize the need for Anglos to learn Spanish as it is spoken by the people with whom they work; as Andrade and Lotito explain, this would be crucial for a more thorough class and for a group of health-care professionals working in a particular community.

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